

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS		INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES	NO	FORM ATTACHED	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES	NO	FORM ATTACHED	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES	NO	FORM ATTACHED	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	FORM ATTACHED	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY		C. SKIP			
WASHINGTON NAVY YARD		15 16 - 29 30			
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title)			
SMITH, RITA, STORMWATER PROGRAM MANAGER		B. PHONE (area code & no.)			
3012270001		15 16 45 46 48 49 51 52 55			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX			
1411 PARSONS AVE SE SUITE 200		15 16 45			
B. CITY OR TOWN		C. STATE		D. ZIP CODE	
WASHINGTON		DC		20374	
15 16 40 41 42 47 51		52		54	
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
1411 PARSONS AVE SE SUITE 200		15 16 45			
B. COUNTY NAME		46 70			
C. CITY OR TOWN		D. STATE		E. ZIP CODE	
WASHINGTON		DC		20374	
15 16 40 41 42 47 51		52		54	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
7	9	7	1	1	(specify) NATIONAL SECURITY	7			(specify)
15	16	17	18	19		15	16	17	18
C. THIRD					D. FOURTH				
7					(specify)	7			(specify)
15	16	17	18	19		15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
8	WASHINGTON NAVY YARD																												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30														
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other," specify.)															D. PHONE (area code & no.)														
F = FEDERAL					M = PUBLIC (other than federal or state)					O = OTHER (specify)					F					(specify)									
S = STATE																													
P = PRIVATE																													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30														

E. STREET OR P.O. BOX																								
1411 PARSONS AVE SE SUITE 200																								
29	30	31	32	33	34	35	36	37	38	39	40	41	42	43										
F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND				
WASHINGTON										DC					20374					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29										

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N	DC0000141								9	P	DC007 - TITLE V							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29					
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9		(specify)							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29					
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R	DC9170024210								9		(specify)							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29					

XI. MAP

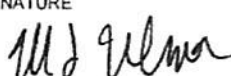
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. [See Attachment 1-XI]

XII. NATURE OF BUSINESS (provide a brief description)

THE WASHINGTON NAVY YARD CONTINUES TO BE THE 'QUARTERDECK OF THE NAVY' AND SERVES AS THE HEADQUARTERS FOR NAVAL DISTRICT WASHINGTON. THE YARD HOUSES NUMEROUS SUPPORT ACTIVITIES FOR THE FLEET AND AVIATION COMMUNITIES.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
MONTE ULMER, COMMANDING OFFICER NSA WASHINGTON																				23JUL14									

COMMENTS FOR OFFICIAL USE ONLY

C														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29